

## School Affiliate Letter Head

Sponsoring Institution: Insert name of school here

Training Program: Insert name of program here

VA Facility: Robert J. Dole VA Medical Center

Date:

Dear Medical Center Director:

My signature on this Trainee Qualifications and Credentials Verification letter (TQCVL), certifies that verification has been made and that each health professions trainee (HPT) on the attached list is fully qualified to participate in the subject training program and meets the conditions of employment as outlined below.

Additionally, should any HPT on the attached list experience a change in their academic or health status, I will notify the facility Designated Education Officer (DEO) no later than 72 hours after the discovery. Though it is unnecessary to disclose specifics of the change, HPTs who become unqualified (e.g., are no longer enrolled or active in a program, pose a risk to the health and safety of others) will not be permitted to continue training at the VA and must be offboarded per VA policy.

**I certify** that each HPT on the attached list has:

- Met all requirements for enrollment and continued participation in the specified training program;
- Met all criteria for their level of training;
- Evidence or self-certification of satisfactory physical condition based on a physical examination in the past 12-months;
- Evidence or self-certification of up-to-date vaccinations for healthcare workers as recommended by Centers for Disease Control (CDC) and VA <https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html> to include:
  - Hepatitis B
  - Seasonal Influenza, before November 30 of influenza season
  - Measles, Mumps, & Rubella
  - Varicella
  - Tetanus, Diphtheria, Pertussis
  - Meningococcal
- Evidence of tuberculosis screening no more than 90-days before the initial VA start date;
- Identification documents to meet VA security requirements; [https://www.oit.va.gov/programs/piv/\\_media/docs/IDMatrix.pdf](https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf); and
- Results of screening against the Health and Human Services' List of Excluded Individuals and Entities (LEIE). <https://exclusions.oig.hhs.gov/>

**I certify** that EVERY HPT on the attached list has met ALL admission criteria of the training program including, but not limited to: (check all that apply):

- ☐ Primary source verification of current and past license(s) or registration(s) in any field
- ☐ Certification(s) through the state licensing board(s) and/or national and state certification bodies
- ☐ Drug Enforcement Administration (DEA) registration

- ☐ National Provider Identifier (NPI) registration
- ☐ Other admission criteria: \_\_\_\_\_

**I certify** that HPTs on the attached list who meet any of the following criteria, have had their information verified as stated and therefore meet Federal appointment eligibility requirements:

- **HPTs who were born male** and who are US citizens, immigrants to the US, or are otherwise required by law to register, have registered with the Selective Service System. <https://www.sss.gov>
- **HPTs who are international medical school graduates** have had primary source verification of the Educational Council for Foreign Medical Graduates (ECFMG) certificates.
- **HPTs who currently have or previously had full unrestricted license(s)**, including licenses in other professions, have been screened against the National Practitioner Data Bank (NPDB). <https://www.npdb.hrsa.gov/>
- **HPTs who are non-US citizens:**
  - Have current immigrant, non-immigrant, exchange visitor or other documentation stating that they are eligible to live and work in the US;
    - Appropriate documents can be provided and could include permanent resident card, employment authorization document Form I-766, visas: J-1, J-2, H-1B, H-4, E-3, or DS-2019;
  - Have been issued a US social security number

Finally, **I certify** that all documents and information pertaining to HPTs on the attached list can be reviewed by contacting **insert name of program contact**.

\_\_\_\_\_  
Signature and Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Educational Official

[Titles include: Program Director, Designated Institutional Official (DIO), or Educational Dean, Dean for Academic Affairs, Dean]

**L. Christine Faulk, MD, DEO**

Accept/Do Not Accept (circle one)

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name

Enclosure: **TQCVL List of HPT's**